

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 132

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Blue Dog Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC**

Mailing Address 100 DAINGERFIELD ROAD

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

C00030809

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2017

Transaction ID : C10307230

Amount of Each Receipt this Period

5000.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE**Mailing Address 1505 PRINCE STREET  
SUITE 300

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

C00024968

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		07		2017

Transaction ID : C10297460

Amount of Each Receipt this Period

5000.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND**

Mailing Address 11250 WAPLES MILL ROAD

City

FAIRFAX

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

C

C00053553

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4950.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		10		2017

Transaction ID : C10293201

Amount of Each Receipt this Period

4950.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

14950.00

TOTAL This Period (last page this line number only)..... ►